Application or Docket Number

PATENT APPLICATION FEE DETERMINATION RECORD

Effective October 1, 2003

CLAIMS AS FILED - PART I (Column 1) (Column 2)								SMALL ENTITY TYPE			OTHER THAN OR SMALL ENTITY		
TOTAL CLAIMS			M					RATE	FEE	1	RATE	FEE	
FOR			NUMBER FILED		NUMBER EXTRA			BASIC FEE	385.00	OR	BASIC FEE	770.00	
TC	TAL CHARGE	ABLE CLAIMS	¬ (minus 20=		*			X\$ 9=		OR	X\$18=	, ·	
IND	EPENDENT C	LAIMS	3 mi	nus 3 =	*			X43=		1 :	X86=		
ML	ILTIPLE DEPEN	NDENT CLAIM P	RESENT							OR			
* 15	the difference	in column 1 is	loss than 70	es than zero, enter "0" in o				+145=	2.00	QR	+290=		
* If the difference in column 1 is less than zero, enter "0" in column 2								TOTAL	281	OR	TOTAL		
CLAIMS AS AMENDED - PART II (Column 1) (Column 2) (Column 3)								SMALL	ENTITY	OR	OTHER SMALL I		
AMENDMENT A		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUME PREVIC PAID I	BER OUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
	Total	*	Minus	**		= .		X\$ 9=		OR	X\$18=		
	Independent	*	Minus	***		<u> </u>	·	X43=		OR	X86=		
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM						۱. ا	+145=		OR	+290=		
	1, COX (8							TOTAL		OB	TOTAL		
. ·	(Column 1) (Column 2) (Column 3)					/	ADDIT. FEE	, ** A ₁ , .		addit. Fee			
AMENDMENT B		CLAIMS REMAINING AFTER AMENDMENT		HIGHI NUME .PREVIC	EST BER DUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
	Total	*	Minus	÷*	:	=		X\$ 9=		OR	X\$18=		
	Independent	*	Minus	***	4	=		X43=		OR	~X86=		
٩	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM						۱ ۱	1.45			+290=	<u>'</u>	
					• :	•		+145= ;		OR	+29U= TOTAL	·	
		•			. <i>'.</i> ·		. #	ADDIT. FEE		OR	ADDIT. FEE	3	
		(Column 1) CLAIMS	1. •	(Colum		(Column 3)							
AMENDMENT C		REMAINING AFTER AMENDMENT		NUME PREVIO PAID F	BER . OUSLY	PRESENT EXTRA			ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
	Total	*	Minus	** '		=		X\$ 9=	ţ	OR	X\$18=		
	Indep ndent	*	Minus	***	· ·	=		X43=		OR	X86=		
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM +145=										+290=		
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.										OR	TOTAL		
· **	f the "Highest Nur	mber Previously Pa mber Previously Pa	id For" IN THIS	S SPACE is	less that	n 20, enter "20."	A	DDIT. FEE		OR ,	ADDIT. FEE		
		ber Previously Pai					r fou	nd in the app	ropriate box	in col	umn 1.		